FEE TRANSMITTAL

[MAIL STOP RCE]

Complete If Known	
Application No.	10/077,907
Filing Date	February 20, 2002
First Named Inventor	Tomohiro Chiba
Examiner Name	L. Leo
Group Art Unit	3753

Total Amount Of Payment	($) 880.00	Attorney Docket No.	018842.1204

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to **Deposit Account No. 02-0375** in the name of Baker Botts L.L.P.

   ☐ Charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 to **Deposit Account No. 02-0375.**

2. ☒ Check Enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 02-0375** in the name of Baker Botts L.L.P, The Warner, Suite 1300, 1299 Pennsylvania Avenue, N.W., Washington, D.C. 20004-2400.

FEE CALCULATION

1. **BASIC FILING FEE** ☒ Large Entity ☐ Small Entity

	Fee Paid
Utility Filing Fee	$
Design Filing Fee	$
Plant Filing Fee	$
Reissue Filing Fee	$
Provisional Filing Fee	$

FEE CALCULATION (continued)

3. **ADDITIONAL FEES**

Fee Description		Fee Paid
☐	Surcharge - late filing fee or oath	$
☐	Surcharge - late provisional filing fee or cover sheet	$
☒	Extension for reply with 1 month	$ 110.00
☐	Notice of Appeal	$
☐	Filing Brief in Support of Appeal	$
☐	Request for Oral Hearing	$
☐	Utility Issue Fee (or reissue)	$
☐	Design Issue Fee	$
☐	Plant Issue Fee	$
☐	Petitions to Commissioner	$
☐	Petition to Revive (unavoidable)	$
☐	Petition to Revive (unintentional)	$
☐	Petitions Related to Provisional Applications	$
☐	Submission of Information Disclosure Statement	$
☐	Filing Submission After Final Rejection	$
☐	Recordation of Assignment Document	$
☐	Filing Request for Reexamination	$
☒	Other (specify) Request for Continued Examination (RCE)	$ 770.00

2. **EXTRA CLAIMS FEES**

CLAIMS AS AMENDED

For	Number Present	Highest Number Paid For	Extra	Rate Large Entity	Rate Small Entity	Amount
TOTAL CLAIMS		20		x $ 18.00	x $ 9.00	$0.00
INDEPENDENT CLAIMS		3		x $ 84.00	x $ 42.00	$0.00
MULTIPLE DEPENDENT CLAIMS				$ 280.00	$ 140.00	$0.00
TOTAL EXTRA CLAIMS FEES						$0.00

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	James D. Arp	Registration No.	33,470
Signature		Date 07/22/04	Deposit Account User ID 02-0375